



Sequatchie Valley Planning & Development Agency
Sequatchie Valley Head Start

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(423) 837-6724 • Fax (423) 837-9369
www.SequatchieValleyHeadStart.org • SVPDA@aol.com

Dental Release of Information

Regarding my child, _____ Date of birth: _____
(child's name)

I hereby give consent for Sequatchie Valley Head Start to obtain information from my child's dentist, Dr. _____

that is necessary for Head Start to provide payment to the dentist for dental services provided. This information includes, but is not limited to, the treatment plan, estimated cost of treatment, payment expected/made by the child's dental insurance plan (if child has dental insurance), dates of service, and services provided.

Parent Signature

Date